

**APPLICATION FOR INTERN**

Applications are available at [www.azerweb.com](http://www.azerweb.com). Qualified persons should submit completed applications via email: [AzJobs@az.peacecorps.gov](mailto:AzJobs@az.peacecorps.gov). If sending via e-mail, please list for which position you are applying and your last name in the subject line.

Applicants **MUST** submit this completed application form, as well as a CV/Resume.

It is recommended to submit a detailed cover letter including a written description of how you meet the position's qualifications.

**Application deadline is Friday May 17<sup>th</sup>, 2013 at 6:00 pm**

**1. Personal Information**

Applicant Name, Surname	
Address	
Telephone number(s)	

**2. Education (list colleges and university attended beginning with the most recent)**

Name of University	Degree/Diploma	Faculty / Subject	Month/Year Awarded

**3. Work Experience** Describe your current or most recent jobs in sections A, B, and C

A

NAME OF EMPLOYER'S ORGANIZATION		
Company/Organization Location (city/region)		
Your Position / Title		
NAME/SURNAME of Direct Supervisor		
Title of Direct Supervisor		
Email and/or phone # of supervisor		
DATES EMPLOYED	Month/year: _____ to _____	Month/year: _____ / _____
REASON FOR LEAVING		
DESCRIPTION OF WORK (Describe your specific duties and responsibilities)		
May we contact your current/recent supervisor?		Yes _____ No _____

B

NAME OF EMPLOYER'S ORGANIZATION		
Company/Organization Location (city/region)		
Your Position / Title		
NAME/SURNAME of Direct Supervisor		
Title of Direct Supervisor		
Email and/or phone # of supervisor		
DATES EMPLOYED	Month/year: _____ to _____	Month/year: _____ / _____
REASON FOR LEAVING		
DESCRIPTION OF WORK (Describe your specific duties and responsibilities)		
May we contact your current/recent supervisor?		Yes _____ No _____

C

NAME OF EMPLOYER'S ORGANIZATION	
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Company/Organization Location (city/region)		
Your Position / Title		
NAME/SURNAME of Direct Supervisor		
Title of Direct Supervisor		
Email and/or phone # of supervisor		
DATES EMPLOYED	Month/year: _____ to _____	Month/year: _____ / _____
REASON FOR LEAVING		
DESCRIPTION OF WORK (Describe your specific duties and responsibilities)		
May we contact your current/recent supervisor? Yes _____ No _____		

**You may add more employment history boxes if needed**

#### 4. When Can You Start Work?

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#### 5. Payment and Work Requirements (This section not applicable for the Intern position)

What is the lowest pay you will accept: Pay \$ _____ per (month ____ or year ____ select one)	
Are you willing to work full time? Y__ N__	Are you willing to work in a temporary job less than one year? Y__ N__

#### 6. Military History

List the dates (Month, Year) that you started and completed your military service.	
Start Date:	End Date:

#### 7. What languages do you SPEAK, READ, and WRITE? (If "YES" list each language and place write the following level in each column that applies to you: None / Beginner / Intermediate / Advanced / Fluent / Native

LANGUAGE(S)	SPEAKING level	READING level	WRITING level	Ability to translate
Azerbaijani				
Russian				
English				

#### SPECIAL SKILLS, AWARDS, TRAININGS ATTENDED

8. List special qualifications, accomplishments or trainings that may strengthen your application. Examples are trainings in conflict management or international development topics, skills with computers or other machines; important publications (do not submit copies); etc. Give the title and year of honors/awards as well as year (including duration), subject and location of trainings.


#### REFERENCES

9. List two people who are not related to you and do not supervise you, who know your qualifications for the job for which you are applying.

FULL NAME OF REFERENCE	TELEPHONE NUMBER (S)	PRESENT BUSINESS OR HOME ADDRESS

**YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN**

- ☐ *A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work.*
- ☐ *I understand that any information I give may be investigated as allowed by law or Presidential Order.*
- ☐ *I certify that, to the best of my knowledge and belief, all my statements are true, correct, complete, and made in good faith.*

10. SIGNATURE\*\*\* \_\_\_\_\_ 11. DATE (Month/Day/Year) \_\_/\_\_/\_\_\_\_

***\*\*\*Please note that electronic signatures are allowed. Or you can print, sign, scan and send\*\*\****

Peace Corps Azerbaijan